	PATE	NT APPLICA	ATION FE	E DETERN	MINA	TION REC	Cor	D	Aŗ	plica	tion o	Docket	Number			
				S FILED - PART I							10724467					
	TOTAL CLA	lumn 1)	lumn 2)	_	SMA!	LEN		0	OTI	OTHER THAN SMALL ENTITY						
	FOR .			<u>メ</u>				RA	TE	FEE						
\parallel	TOTAL CHAR	GEABLE CLAIM		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.0	0 0	RBASIC	FEE 770.00			
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L	MOETIFEE DE	PENDENT CLAII	M PRESENT						_		-J ⁰¹	700				
ľ	If the differen	nce in column 1	is less tha	ess than zero, enter "0" in column 2			_				OF	+290	=.			
ı	CLAIMS AS AMENDED - PART II							TOTA	AL C	387	OF	TOTA	-			
Į,		(Column 1 CLAIMS	1)	10.			<u>.</u>	SMAI	L EN	TITY	OR	OTHE SMAL	R THAN			
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1'	INST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT CLA	IM		X	43=			R	X86=	7			
if t	f the entry in column 1 is less than the entry in column 2, write "0" in column 3. Tot the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." Applit For IN THIS SPACE is less than 20, enter "20."									_ 0	R [290=				
™II t	he "Highest Num	hor Deminustry	a LOL HA I LIS	SPACE is less t	han 20	. enter "20 "		T. FEE	·		R ADI	TOTAL DIT. FEE				
		,	· · · I local or	moependent) is:	lhe higi	nest number fo	und in	the appr	opriate	ni xod	columi	11.	,			
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